

State Well Report Part 1

County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 1-1-08

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-120
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Denbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>4N</u> Rng <u>6E</u>
Telephone No. () _____	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>McComb</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig supply

Date well drilling started: 12-31-07 Date well drilling completed: 1-1-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 1-1-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 169 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0679 John W Thompson
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-120

Elevation: _____

County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date completed: 1-1-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Derbury Onshore</u> Mailing Address: <u>P.O. Box 6506</u> <u>Lawrel MS</u> _____ City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>4N</u> Rng <u>6E</u> Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>1-1-08</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>140</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-1-08</u> Static Water Level (A): <u>28</u> Feet Below Land Surface Pumping Water Level (B): <u>74</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>46</u> Feet Below Land Surface Test Pumping Rate: <u>55</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>55</u> GPM with a drawdown of <u>46</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John W. Thompson 0-679 John W. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 10831
 Jackson, MS 39288-0831
 (601) 724-4938 (fax)
 (601) 724-4938 (tel)

Well No. _____
 Location _____
 Date installed _____

Owner Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone No. (____) _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Location (circle one): <input type="checkbox"/> Commercial Survey <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>Distance: _____ Direction: _____ Nearest Town: _____ Miles of _____</p>	<p>Well Owner Information</p> <p>Owner Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone No. (____) _____</p>
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<p>Power Type (Circle one)</p> <p><input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Head _____ Tension PTO _____</p> <p>Horse Power Rating of Motor _____ Setting Depth: _____ Number of Stages _____</p>	<p>Pump Type (Circle one)</p> <p><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____</p> <p>Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute</p>
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<p>Method of Measuring Water Level (Circle one)</p> <p><input type="checkbox"/> All Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Other (specify): _____</p> <p>Well visibled _____ GPM with a standard of _____ feet after _____</p> <p>For flowing well, measured shut in head _____ feet</p>	<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface</p> <p>Total Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____